

## Appendix XV

### Resource for Presentations

- 1) Training: Tips & Traps, Matrix and United Cerebral Palsy of the North Bay, Revised and updated by CAC Network (SECACNOC), May 1993
- 2) Information/Interaction

# **TRAINING: TIPS & TRAPS**

Compiled through a grant  
by Matrix and United Cerebral Palsy of the North Bay  
Revised and updated by CAC Network (SECACNOC)  
May 1993

## BEFORE, DURING & AFTER

### BEFORE THE WORKSHOP:

- Check the Facility Checklist.
- Check the Workshop Correspondence sheet.
- Check the Teaching Aids & Equipment checklist.
- Find out Who Your Audience Is.

Develop an agenda to present the first day or mail to participants.

Make travel and lodging reservations, if needed.

Meet with co-trainers, if needed.

### DURING THE WORKSHOP:

- Introduce yourself, your co-trainers and the topic.
- Circulate a sign-in sheet.
- Handle logistics (e.g., bathrooms, restaurants, agenda) early.
- Keep your promises by starting and ending on time, etc.
- Remember, your purpose is to communicate information.

Defer questions to the State Department, when appropriate.

### AFTER THE WORKSHOP:

- Debrief your co-trainers, accepting feedback.
- Send a letter of thanks to facility manager, if appropriate.

Conduct follow-up if appropriate and scheduled.

## WHO IS YOUR AUDIENCE?

When designing a specific workshop for a particular group of participants, a workshop leader may find it useful to gather some of the following information regarding the people who will attend:

Who are these people?

What are their expectations?

Specifically, what do they want from this workshop?

What do they need to know?

How much do they already know about the workshop subject?

What do I expect? How about the co-trainers?

What brings these people to the workshop?

Are they mandated to attend or volunteering?

Do they all come from the same district?

Will some of them be working as a team after this?

What are the job titles and roles of the participants?

Have they been advised of the format, content and general overview of the workshop?

What can I do to contour this workshop to the needs of this audience?

## FACILITY CHECKLIST

What are the actual training dates? Daily start and end times?

How many participants will attend? What is the expertise/needs/background of the participants in regard to the workshop topic?

Prior to contacting a facility, decide upon a room set up (theatre, classroom, banquet style) appropriate to the workshop format.

Arrange for a facility of adequate size to accomodate your group and the activities you plan ( large group, small group, individual).

Who is responsible for the facility (manager, contact person)?

If there is a cost for the use of this place, have you cleared it with the Office of Special Education?

Give the responsible person a schedule of events.

Inspect facility and locate:

bathrooms

public telephones

parking

closest restaurants

your room(s), electrical outlets for equipment, 2 or 3 prong plugs, lighting, light switches, temperature control, noiseproofing.

Determine:

When facility is open and closed each day.

Who has the keys if needed.

Business hours of closest restaurants.

Any rules (smoking, parking, eating, not accessible to wheelchairs, etc.)

Whether a noisy party or meeting is scheduled next door to your room at the same time as your workshop.

Arrange for necessary teaching aids like blackboard, butcher paper, A/V equipment, etc. (If not available at facility, arrange for it elsewhere).

Specify room(s) set up:

Number of chairs.

Tables (with or without tablecloths)

Head Table

Misc. (ashtrays, water, etc.)

Confirm arrangements by letter to facility manager.

After the workshop, write a thank you letter to facility manager.

## WORKSHOP COORDINATION SHEET

GEOGRAPHIC AREA \_\_\_\_\_

LEAD \_\_\_\_\_

CO-SPONSOR \_\_\_\_\_

CO-SPONSOR \_\_\_\_\_

CO-SPONSOR \_\_\_\_\_

\* \* \* \* \*

\_\_\_\_\_ schedule dates/location/time  
(considering dynamics of the  
particular community and  
agencies)

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_ determine needs/topics

Topic: \_\_\_\_\_

\_\_\_\_\_ who is local contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ format for the day/  
sessions/timing  
course descriptions

\_\_\_\_\_ who will pay for what;  
and estimated cost

\_\_\_\_\_ speakers \$ \_\_\_\_\_

\_\_\_\_\_ lunch \$ \_\_\_\_\_

\_\_\_\_\_ materials \$ \_\_\_\_\_

\_\_\_\_\_ mailings \$ \_\_\_\_\_

\_\_\_\_\_ Develop mailing lists:

_____ BIA	_____ DDD	_____ ARC's
_____ Public	_____ IHS	_____ Parents
_____ Schools	_____ Head	_____ Public
_____ Tribal	_____ Start	_____ Health
_____ Rep.	_____ CRS	_____ Services

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Develop flyer (including map, time specific-time zones, emphasize it relates to special needs)

\_\_\_\_\_ Do mailings

\_\_\_\_\_ Arrange overnight lodging

\_\_\_\_\_ Arrangments for pre-registration

\_\_\_\_\_ Room arrangements, set-up style

\_\_\_\_\_ Equipment, overheads, etc.]

\_\_\_\_\_ Copy, print materials/assemble

\_\_\_\_\_ Decide on what to use for sign-up and evaluation sheets

\* \* \* \* \*

\_\_\_\_\_ Preregistration list

\_\_\_\_\_ Sign-up sheets, name tags

\_\_\_\_\_ Coffee, sugar, cream, cups, spoons, napkins, etc.

\_\_\_\_\_ Set-up equipment, etc.

\_\_\_\_\_ Conduct workshop

\_\_\_\_\_ Evaluation

\* \* \* \* \*

\_\_\_\_\_ Summarize evaluations

\_\_\_\_\_ Share copies of sign up sheets and evaluations with co-sponsors

\_\_\_\_\_ Summary to program sponsors

NAME	PARENT	PROFESSIONAL	STUDENT	OTHER	SCHOOL DISTRICT	Childs Age	AREA OF INTEREST
							Disability of cl
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							



## PLANNING SHEET

**Title** \_\_\_\_\_ **Location** \_\_\_\_\_  
**Presenter(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Participants** \_\_\_\_\_  
**Objective(s)** \_\_\_\_\_

Time	Who	Topic/Subject	Reminders

## Workshop Preparation Sheet

[illegible]

## PLANNING SHEET

Title \_\_\_\_\_ Location \_\_\_\_\_  
Presenter(s) \_\_\_\_\_ Date \_\_\_\_\_  
Participants \_\_\_\_\_  
Objective(s) \_\_\_\_\_

Time	Who	Topic/Subject	Leader Activities	Participant Activities	Materials, Handouts or Equipment Needed